



Minnesota Board of Marriage and Family Therapy

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LMFT APPLICATION FOR CE COURSE APPROVAL

Instructions:

- Complete this application only if program sponsor has not already obtained a Board CE approval number for the course.
- Type or print in black ink.
- Complete all sections. Incomplete applications will be returned.
- This application must be signed and dated.
- Do **not** send Certificate of Attendance with your application. Retain for your records.

General Information:

LMFT Name:

License #:

Email Address (Board review

notice sent electronically):

Daytime Telephone Number:

Course Information

Course Title:

Date(s) of Presentation:

Sponsor Organization:

Address:

Telephone Number:

Name and Address of Facility at
Which Course is Conducted:

Course Content Information: Answer all questions.

- 1) What is the objective of the course and how does this objective relate to your marriage and family therapy practice?

- 2) In detail, state the course's content. (i.e. presentation agenda, etc.) Please attach brochure and/or agenda if available. Do **NOT** include all course handouts, PowerPoint slides, etc.

- 3) Please list the names and qualifications of each instructor which demonstrate the instructors' current knowledge and skills in the course's subject matter. You may attach a resume, vitae or course promotion biography if available.

Email notification as to Board approval or denial will be sent within 30 days of application submission. If approved, you may count the CE hours listed on the program's Certificate of Attendance, or your actual hours of attendance/participation (whichever is less), toward the CE requirement for license renewal.

Affirmation:

I verify that the information contained in this application is true and correct to the best of my knowledge and belief.

Signature

Date